

Lucy Sophia Adams.

Died at Davis Hill, Kent MARYLAND

Date 1902 Aug. 26 Month Day Y. M. D. Native of Ind. Occupation —
~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Number of children living~~

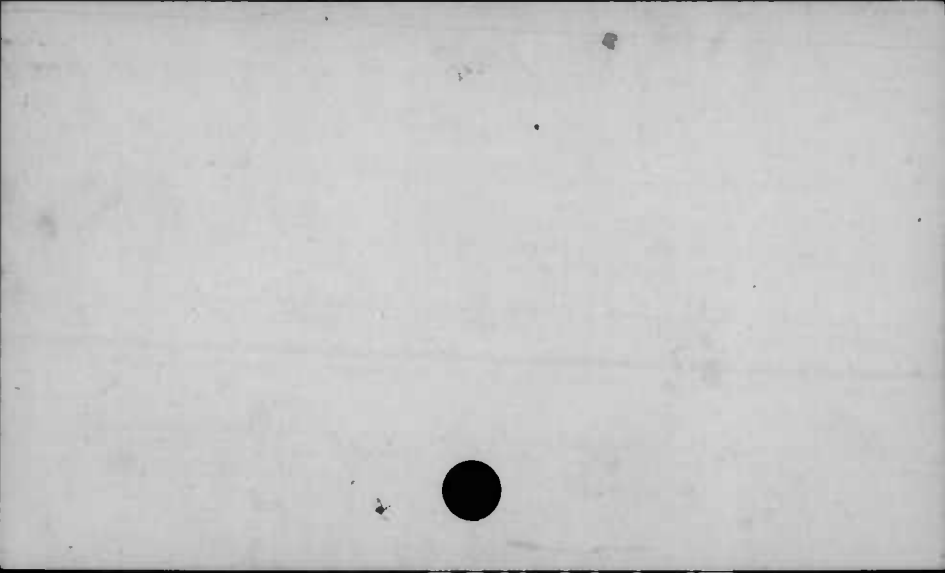
Husband of
Wife

Father's Name John S. Adams Mother's Name Mary Ann O'Niley

Cause of Death { Primary Uremia Immediate 120 How long sick 4 days
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by J. Horton Kelley
 Address Hamden, Kent Co., Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Townson Cornelous Anderson

CERTIFICATE OF DEATH

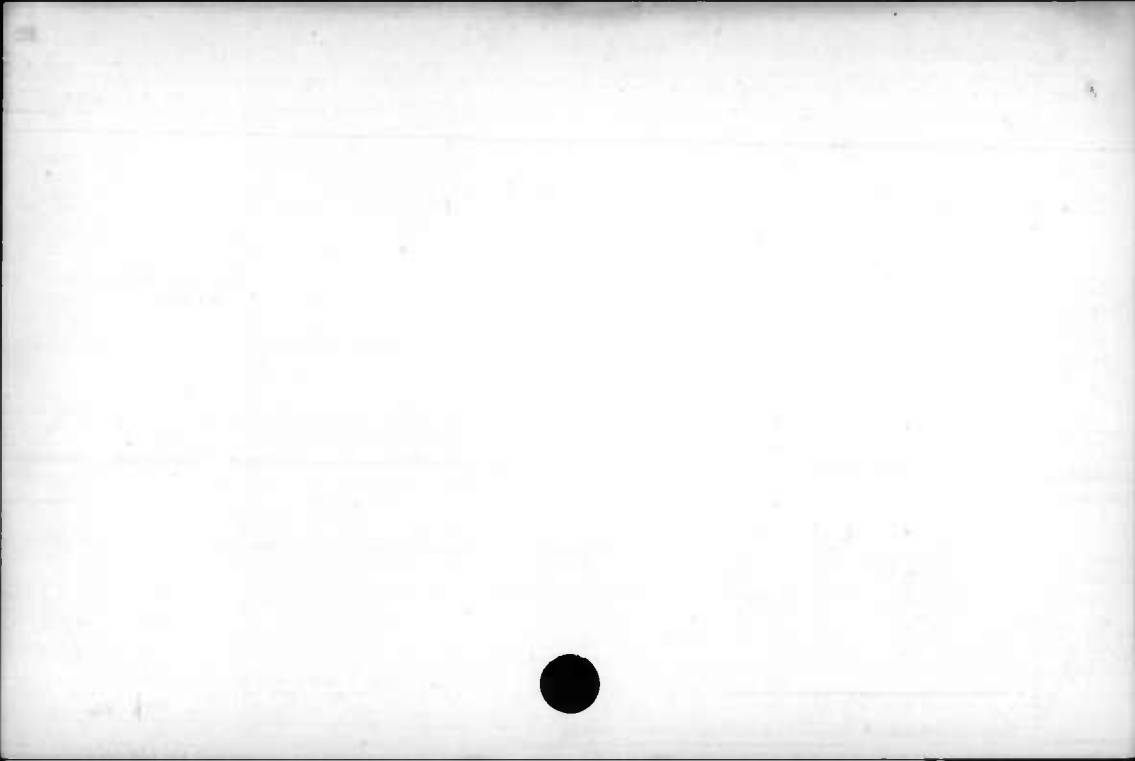
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Georgetown</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>4</i>	Age Years		Months <i>2</i>	Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Calop Anderson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rachel Berry</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Calop Anderson</i>				How related to deceased <i>Farther</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known No Doctor</i>	How long <i>2 Weeks</i>
Immediate <i>In Attendance</i>	How long <i>5</i>
Are the name, age, sex, color, date and place correctly given above? <i>it is</i>	Signature of Physician <i>Thos. H. Casey + Co</i>
Address <i>Undertakers, Rock Hall Kent Co. Md.</i>	Accident or Suicide?



Name
in
Full

Archie S. Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town			County <u>Kent</u>			MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>12</u>	Age <u>1</u>	Years	Months <u>3</u>	Days <u>18</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>				
Name of Wife or Husband <u>—</u>							
Father's Name <u>Senard Banks</u>				Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Annie Brooks</u>				Mother's Birthplace <u>md</u>			
Name of person giving information <u>Senard Banks</u>				How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enter Colitis</u>	How long	<u>3 weeks.</u>
Immediate	<u>105</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Wm. S. Maxwell,</u>	
		Address <u>Still Pond, Md,</u>	
Accident or Suicide?			

Clemens

Annella Maria Bramble

Town

County

MARYLAND

Died at

*Felchutwo**Kent*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug 7

Age

*73-7**Maryland*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

John D. Bramble

Father's

Name

John E. Heathy

Mother's

Maiden Name

Cause of

Primary

Bright's Disease

How long sick

5 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

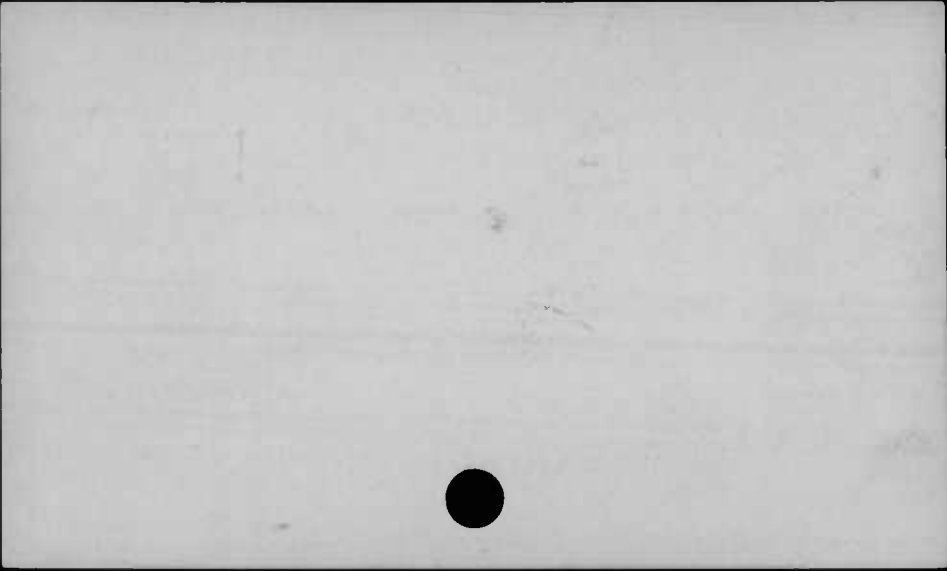
Reported by

J. H. Wilson

Address

Edenville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Minnie May Bramble

Town

County

Died at

Fairlee

Kent

MARYLAND

Date 1903

Month

Day

M.

D.

Native of

Occupation

Aug.

13

Age

38

3

6

Maryland

House work

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

~~Husband~~

of

Thomas H. M. Bramble

Wife

Father's

Name

Mother's

Maiden Name

Jeffrey I. Smith

Martha P. Greenwood

Cause of

Primary

Intestinal hemorrhages

How long sick

10 days

Death

Immediate

exhaustion

Accident, Suicide, Homicide

Reported by

Frank W. Smith & W. J. Sims M.D.

Address

Fairlee

Chester



Name
in
Full

Mary Brown

CERTIFICATE OF DEATH

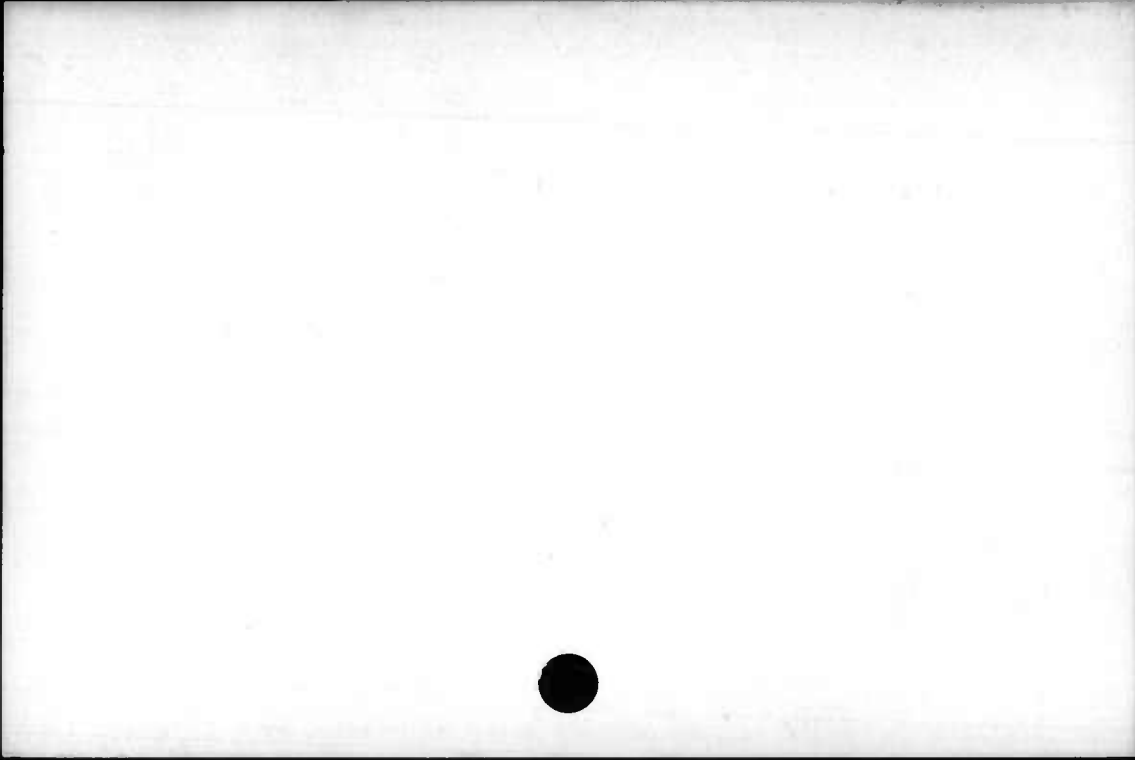
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Alms House		County Kent		MARYLAND	
Date of death 1903	Month Aug	Day 17	Age 59	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Md				
Married, Single or Widowed Widow		Occupation Cook					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Wm Ford				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	Don't know
Immediate	Starvation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm Ford	
		Address	
		Chestertown Md	
Accident or Suicide?		Keeper of Almshouse	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Hillington* TownCounty *Kent*

Date

of death 190 *3*Month *Aug*Day *29*

Age

Years

Months

Days

Sex *Male*Color or
Race*Black*Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Accidental on D.A. K R R

How long

by being Struck by Passenger train

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

*Accident**Geo. C. Lomax and J. P.*

James. Cammille
to John S. Smith
undertaken for

Name
in
Full

Nicholas Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sussex</i> ^{Town}		<i>Sent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>23</i>	Age <i>75</i>	Months —	Days —
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Hemiplegia</i>	How long <i>last</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Thos. M. Jones</i>
Accident or Suicide?	<i>Sussex Md</i>



Name
in
Full

Estela Gertrude Cotton

CERTIFICATE OF DEATH

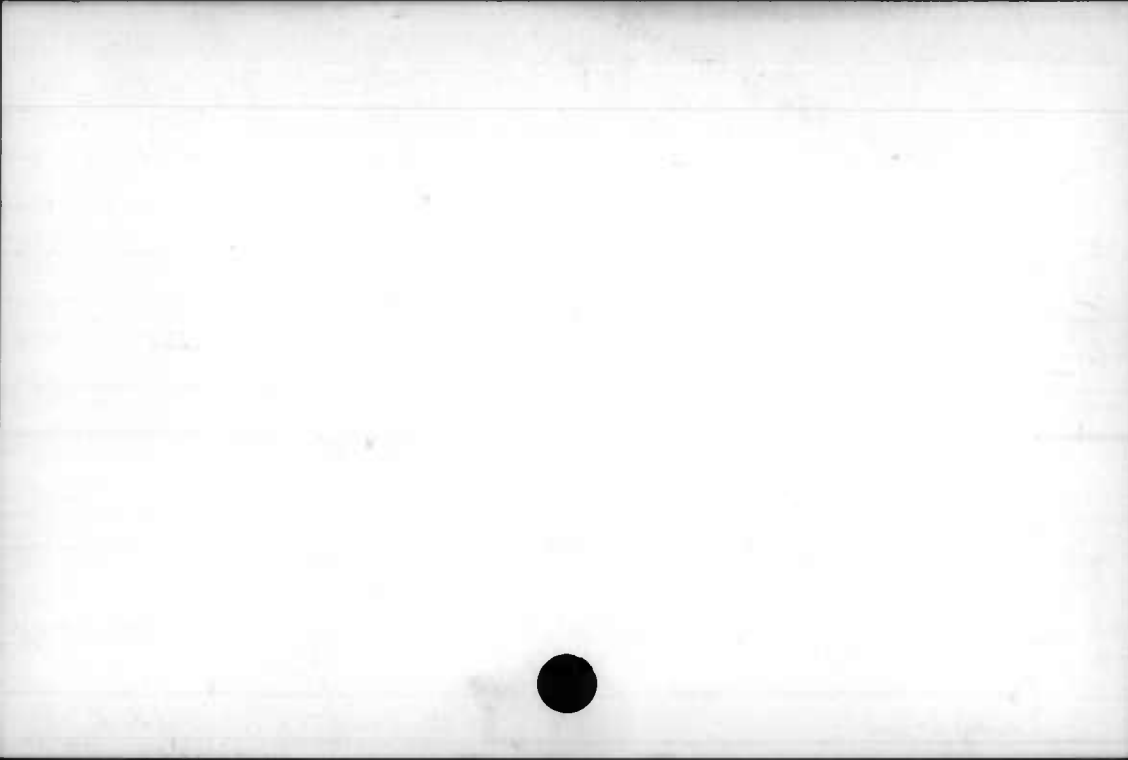
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eedsville</i>		Town <i>Eedsville</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>22</i>	Age	Years	Months <i>1</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Charles Cotton</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Belle Homley</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charles Cotton</i>				How related to deceased <i>Farther</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not known</i>	How long <i>179</i>	How long <i>2 days</i>
Immediate <i>No Dr in attendance</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos H Coley Underlekr</i>	
	Address <i>Rock Hall</i>	
	<i>Kent Co Md</i>	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

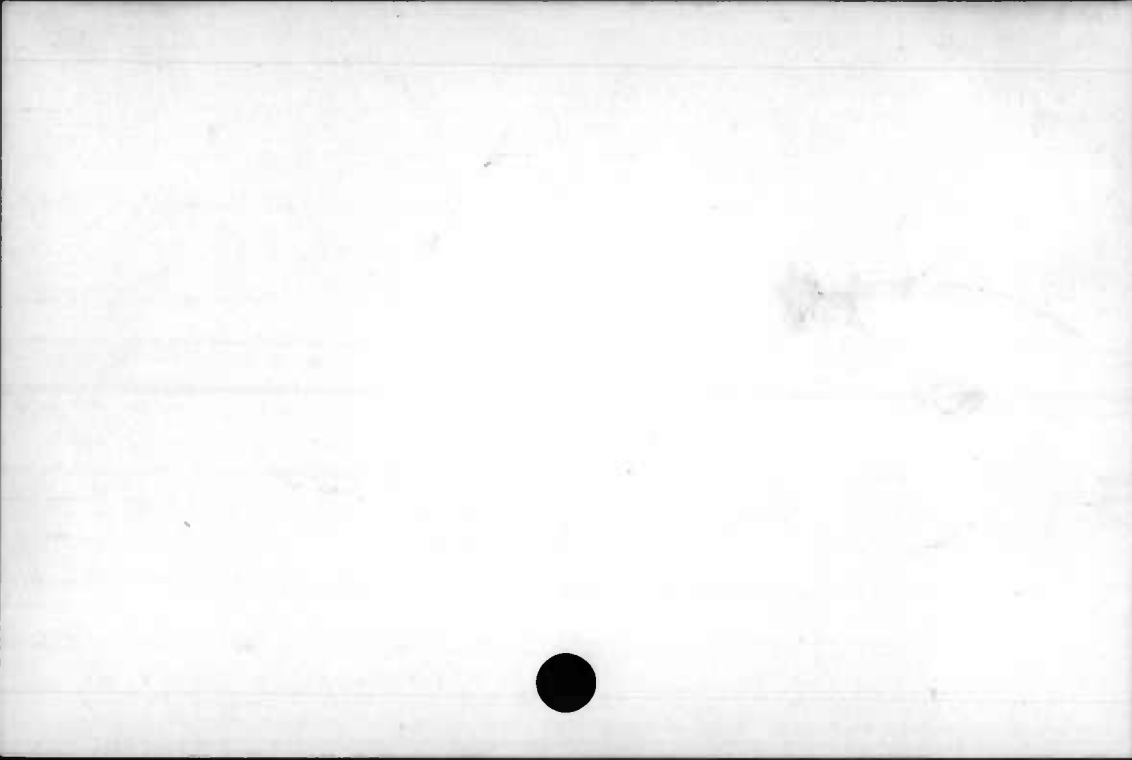
MARYLAND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent</i> ^{County}			
Date of death 190 <i>5</i>	Month <i>Aug</i>	Day <i>19</i>	Years <i>45</i>	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Commissioned Merchant</i>			
Name of Wife or Husband <i>Clara V Smith</i>					
Father's Name <i>J. L. Crew</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Harriette Hurley</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Family</i>			How related to deceased <i>74</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Progressive Bulbar Paralysis</i>	How long <i>18 months</i>
Immediate <i>Intestinal Paralysis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Winter Beall M.D.</i>
	Address <i>Rock Hall</i>
Accident or Suicide?	<i>Kent Co Md</i>



Name
In
Full

Emma Francis Crow

CERTIFICATE OF DEATH

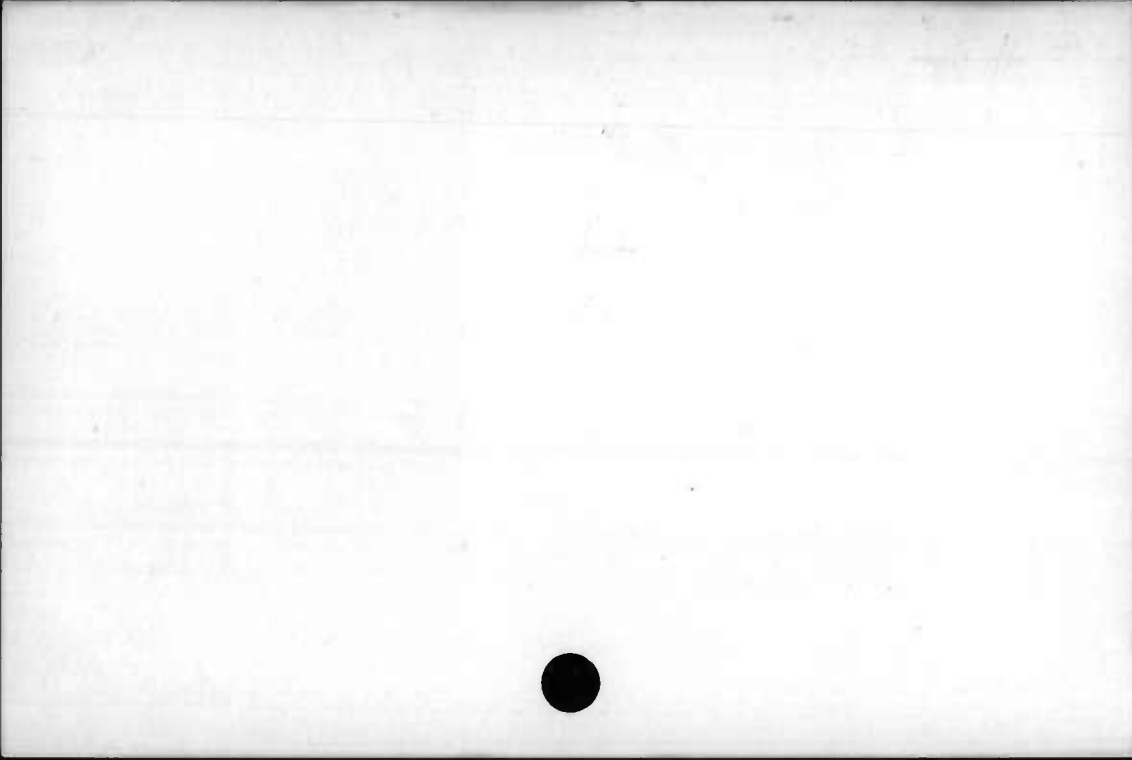
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month} <i>Aug.</i> ^{Day}	<i>29</i> ^{Years}	<i>30</i> ^{Months}	<i>8</i> ^{Days}	<i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kent Co.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>No occupation</i>				
Name of Wife or Husband <i>Nathaniel C. Crow</i>					
Father's Name <i>Jm Jos Baker</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Melvinia Skeggs</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Miss Lillie Crow</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Locomotor Ataxia</i>	How long <i>Two years,</i>
Immediate <i>Impaired Nerv Function</i>	How long <i>Bed fast, 6 Mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Amy Elizabeth Downey

CERTIFICATE OF DEATH

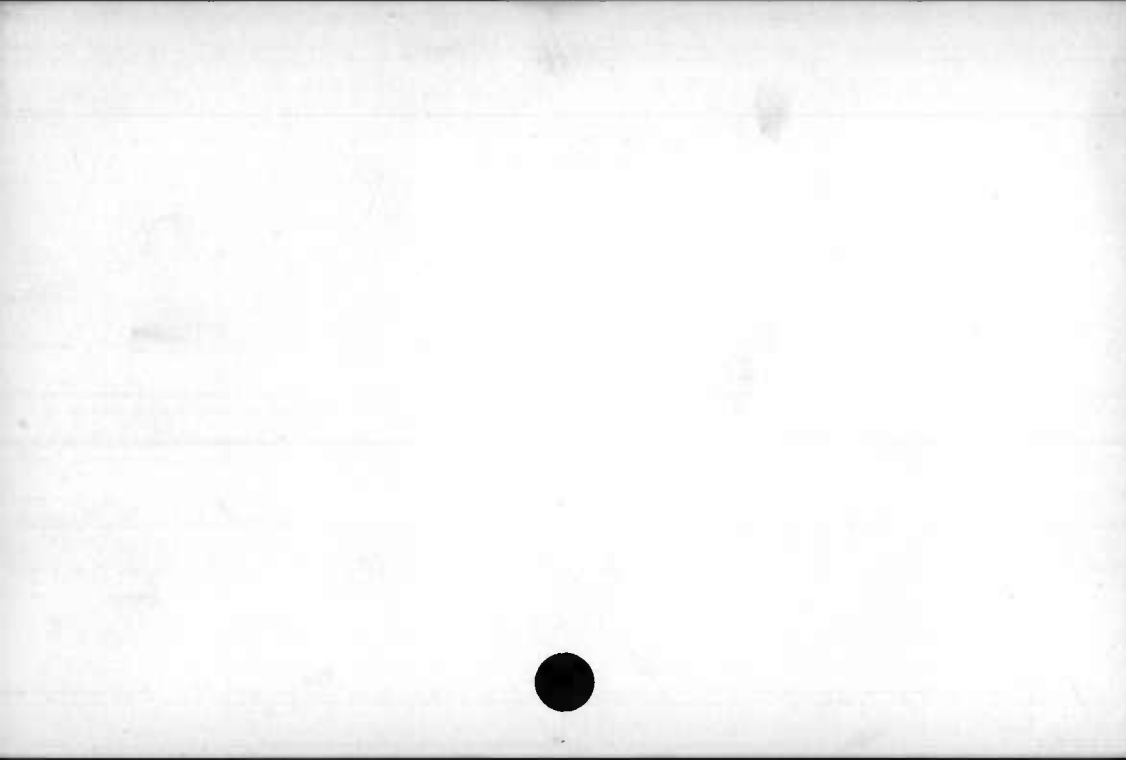
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rockfall		County Hutch		MARYLAND	
Date of death 190	3	Month Aug.	27	Day	Age	Years	Months
Sex Female		Color or Race		Birth- place		Days 2	
Married, Single or Widowed				Occupation null			
Name of Wife or Husband							
Father's Name Samuel Downey				Father's Birthplace Kent Co.			
Mother's Maiden Name Emma Horvath				Mother's Birthplace Bald. Md.			
Name of person giving In formation Samuel Downey				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abcess	How long	2 days day
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. G. Seely	
		Address Rockfall Md.	
Accident or Suicide?			



Name
in
Full

Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{near} *Midlington* ^{Town} *Keokuk* ^{County}Date of death 190 *3* ^{Month} *Aug* ^{Day} *13* ^{Years} *Age* ^{Months} ^{Days}Sex *Male* Color or Race *Black* Birth-place *Midlington*Married, Single or Widowed *Single* Occupation *Student*Name of Wife or Husband *Elizabeth Fountain*Father's Name *Herbert Harrison* Father's Birthplace *Keokuk Co.*Mother's Maiden Name *Elizabeth Fountain* Mother's Birthplace *Midlington*Name of person giving information *Herbert Harrison* How related to deceased *Son*

CAUSES OF DEATH

Primary *Still-born* *S* How long *8*Immediate *Still-born* How long *8*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. P. Townsaw M.D.*Address *Midlington*Accident or Suicide? *No*PHYSICIAN
OR CORONER

Walter is unweaned.

Name
in
Full

Elizabeth Freeman

CERTIFICATE OF DEATH

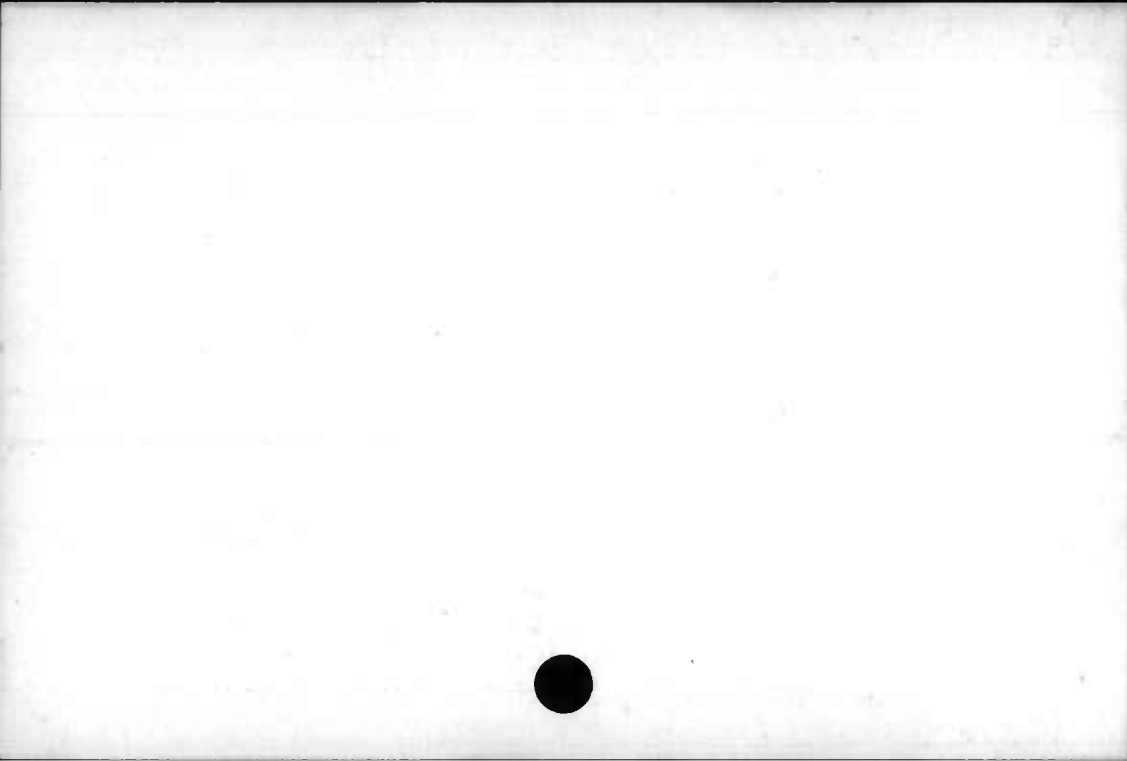
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Meh tota</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>19</i>	Age <i>45</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Cook</i>			
Name of Wife or Husband <i>Alexander Freeman</i>					
Father's Name <i>Robert Towson</i>			Father's Birthplace <i>Balto. Co</i>		
Mother's Maiden Name <i>Editha Willson</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>John Nichols</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Jan 1903</i>
Immediate <i>Asthma</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpers</i>
	Address <i>Chestertown</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

John E. Gause

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithville</i> Town			County <i>Kent</i>			MARYLAND		
Date of death 1903	Month <i>Aug</i>	Day <i>26</i>	Age	Years	Months <i>8</i>	Days		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co Md</i>					
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>					
Name of Wife or Husband								
Father's Name <i>Chas Gause</i>						Father's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Meekins</i>						Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Mrs Gause</i>						How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>two months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John H. Hensley</i>	
		Address <i>Stamsville Md</i>	
Accident or Suicide?			

Union

Name in Full

Certificate of Death

Franklin Wills Hessler

Town

County

Died at Hainesville Kent

MARYLAND

Date 1903 8 13 Age 18 Y. M. D. Native of Kent Md Occupation School Boy

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

Wife

Father's Name Dr. J. H. Hessler

Mother's Name Emma Nicholson

Cause of Primary

Intense Dissection 79

How long sick

Several years

Death Immediate

Pulmonary Aneurysm

Accident, Suicide, Homicide

Reported by

Frank Hessler MD

Address

Chesapeake

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Town
Lotts

County

Kent

MARYLAND

Date

1903

Month

8

Day

8

Age

8

Nation of

Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Clara Heyton

Cause of

Primary

How long sick

Death

Immediate

Tuberculosis

27

Accident, Suicide, Homicide

Reported by

S H Harris

Address

John S

Smith Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr.

of

W. H. Jacobs
Millington, Md

Seen by Coroner

of

Information contained in this certificate received from

of

S. H. Morris
Goldsboro, N. C.

Name in Full		Dadie Pauline Hickman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Worton		Kent		MARYLAND	
	Date of death 1903		Month Aug		Day 24		Age —	
	Sex female		Color or Race White		Birth- place Baltimore		Months 5	
	Married, Single or Widowed Single		Occupation —				Days 28	
	Name of Wife or Husband —							
	Father's Name James T Hickman					Father's Birthplace Ind		
	Mother's Maiden Name Sadie Smith					Mother's Birthplace Ind		
Name of person giving In formation J. T Hickman					How related to deceased father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Eptero Colitis					How long 3 months		
	Immediate 105					How long		
	Are the name, age, sex, color, date and place correctly given above? Yes.					Signature of Physician Wm. S. Maxwell.		
						Address Still Pond, Md.		
	Accident or Suicide?							

Stille Pond

Name

in
Full

CERTIFICATE OF DEATH

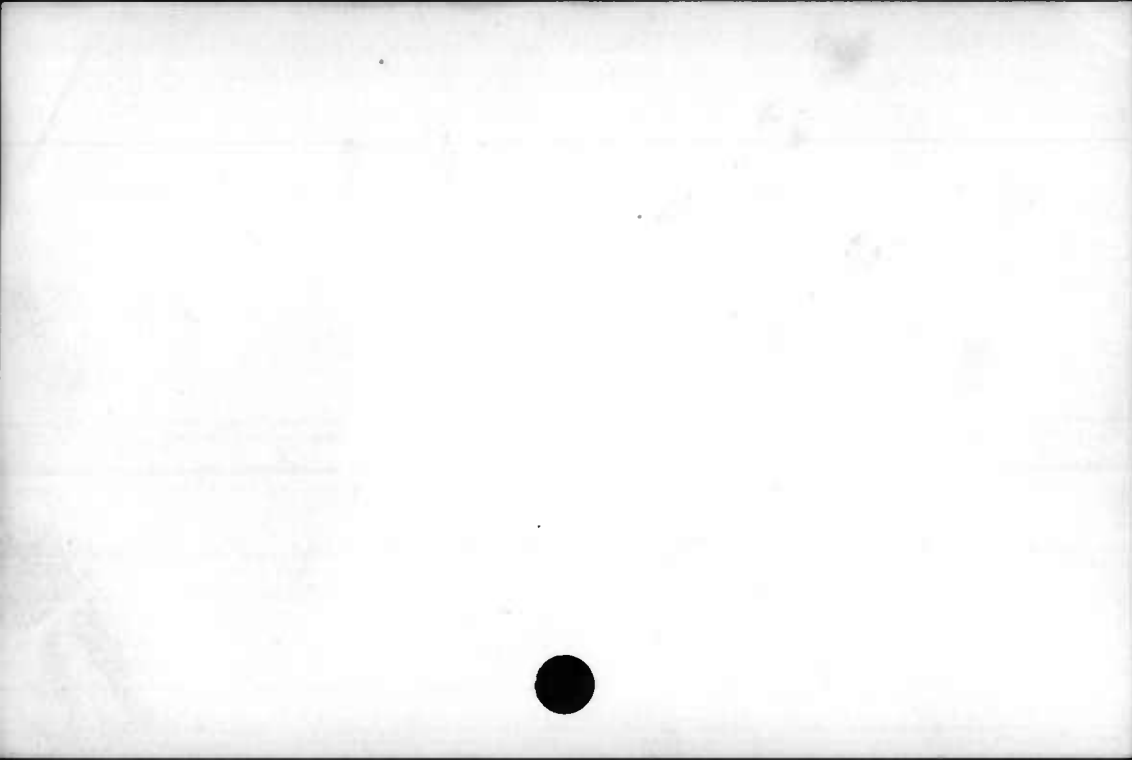
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Still Born

Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lynnh</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 1903	Month 8	Day 4	Age —	Months —	Days —
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Lynnh</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Geo. W. Jackson</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Serena Summison</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Geo. W. Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. R. Mearns</i>
		Address <i>Still Pond</i>
Accident or Suicide?		<i>md</i>

Fountain

Name in Full

Annie Johnson

Died at *Fairlee* ^{Town} *Kent* ^{County} **MARYLAND**

Date *1903* *Aug* *26* *21* *—* *—* *Maryland.* *Cook*
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *—*
 Wife

Father's Name *Isaac Johnson* Mother's Name *Arimonta Morris*

Cause of Death { Primary *Pulmonary Tuberculosis.* *3 mo.*
 Immediate *Asthenia* *27*

How long sick
 Accident, Suicide, Homicide

Reported by *Frank W. Smith*
 Address *Fairlee* *Kent*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

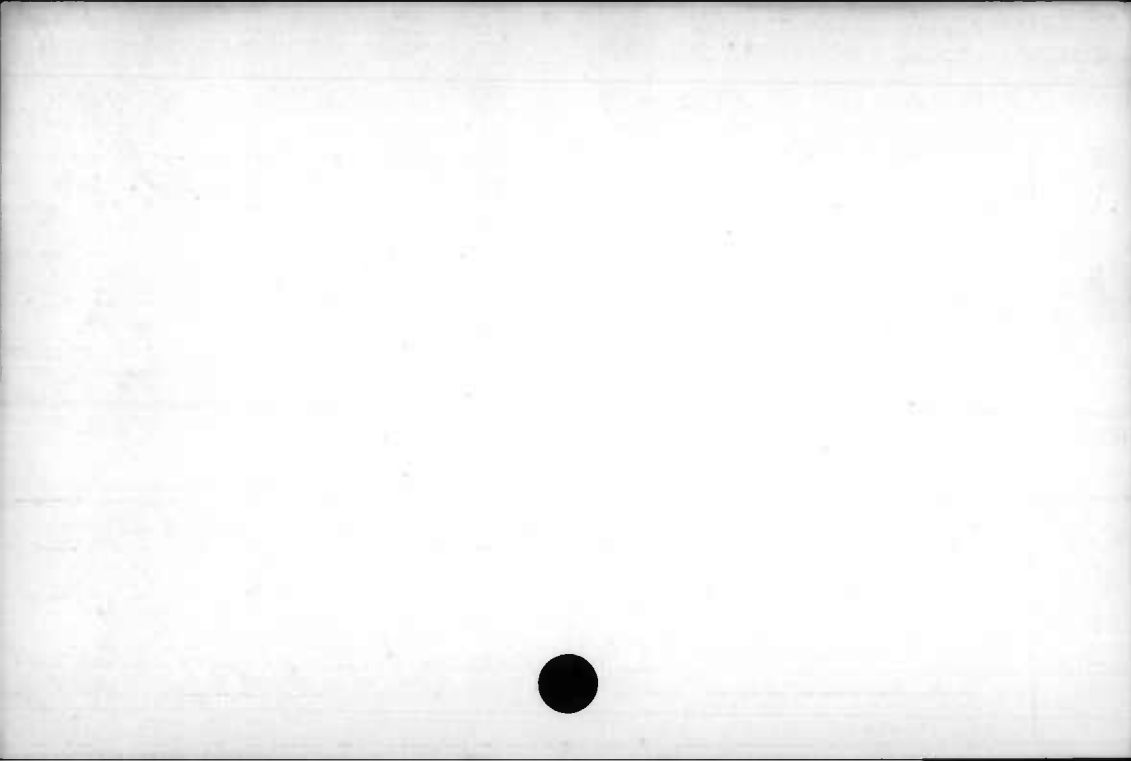
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> <small>Town</small>		<i>Keokuk Co.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Aug</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>9</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Clarence Wendall</i>			Father's Birthplace <i>Keokuk Co.</i>		
Mother's Maiden Name <i>Harry Murricks</i>			Mother's Birthplace <i>Balto. Md.</i>		
Name of person giving information <i>Clarence Wendall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Cataract</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. O. Selby M.D.</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide?	



Hester Mills

Died at ^{Town} near Locust Grove ^{County} Kent

MARYLAND

Date ^{Month} Apr 3 ^{Day} 8 ^{Y.} 23 ^{Age} 83 ^{Native of} Md. ^{Occupation} housewife
^{Male} ~~White~~ ^{Female} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~ six

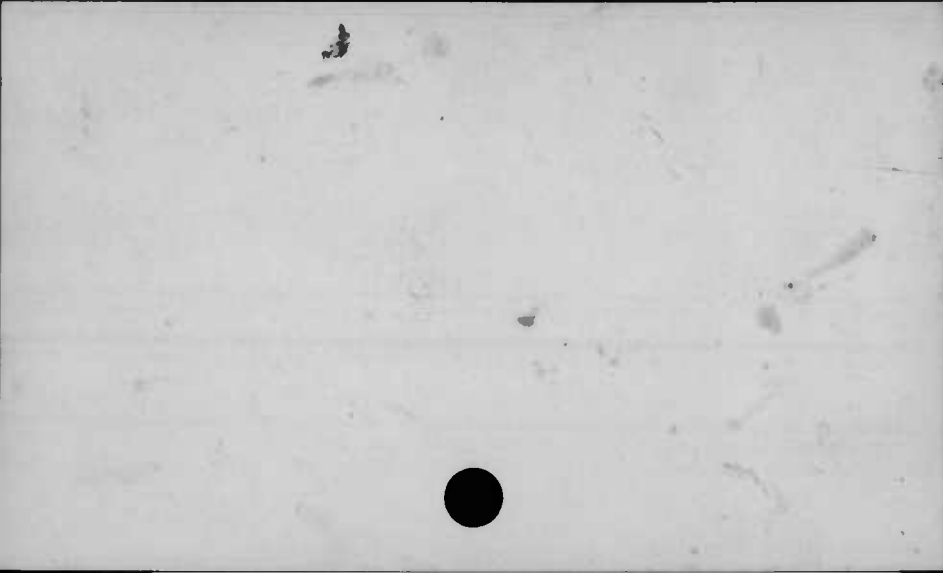
Husband of Mrs. Mills

Father's Name _____ Mother's Name let

Cause of Death { Primary old age & Concomitants 9 days
 Immediate Apoplexy & Paralysis ~~Accident~~ ~~Self~~ ~~Com~~ ~~Death~~

Reported by Dr J. M. S. Catman

Address Spencer Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

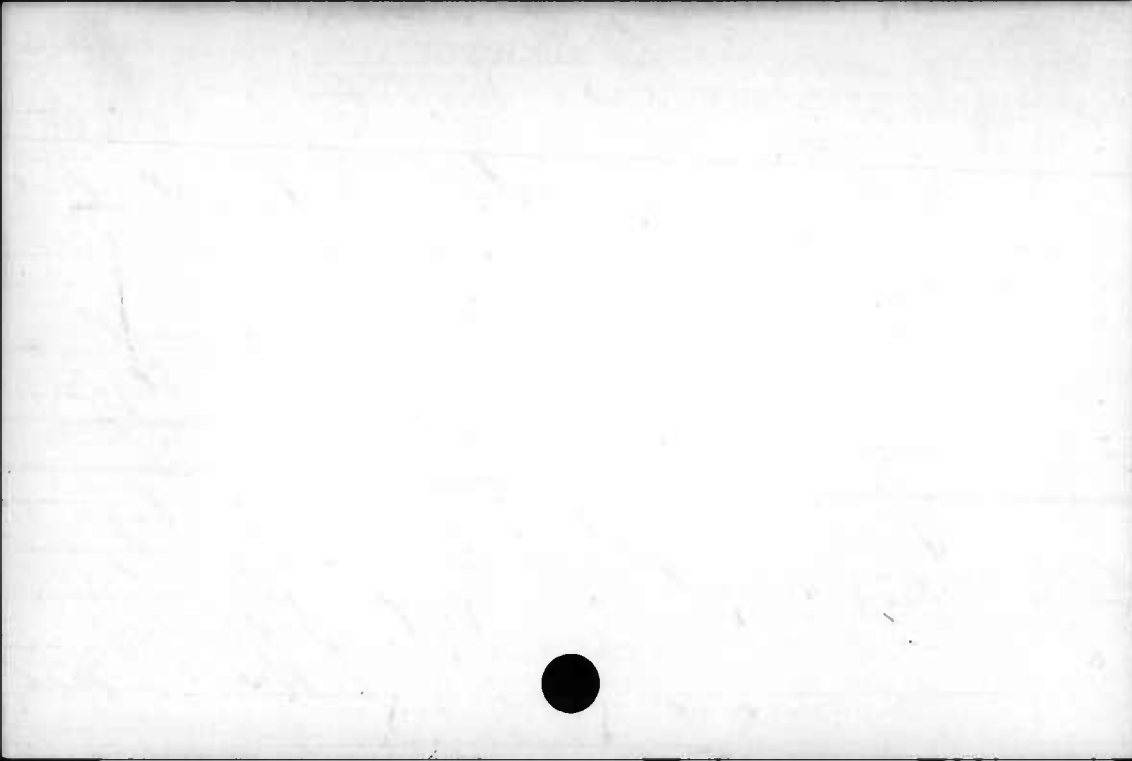
Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?PHYSICIAN
OR CORONERSignature of
Physician

Address

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Still Pond		County Kent		MARYLAND	
	Date of death 1903		Month Aug		Day 21		Age 25	
	Sex male		Color or Race white		Birth- place md		Months Days	
	Married, Single or Widowed		Single		Occupation Farmer			
	Name of Wife or Husband							
	Father's Name		Geo. R. Parratt		Father's Birthplace		md	
	Mother's Maiden Name		Elma Bobbers		Mother's Birthplace		md	
Name of person giving in formation		Geo Parratt		How related to deceased		Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Diabetes			How long		2 years.
	Immediate					How long		50
	Are the name, age, sex, color, date and place correctly given above?		Yes.			Signature of Physician		Wm. S. Maxwell,
						Address		Still Pond, Md.
Accident or Suicide?								

Supra

Name
in
Full

Mainie E Patrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

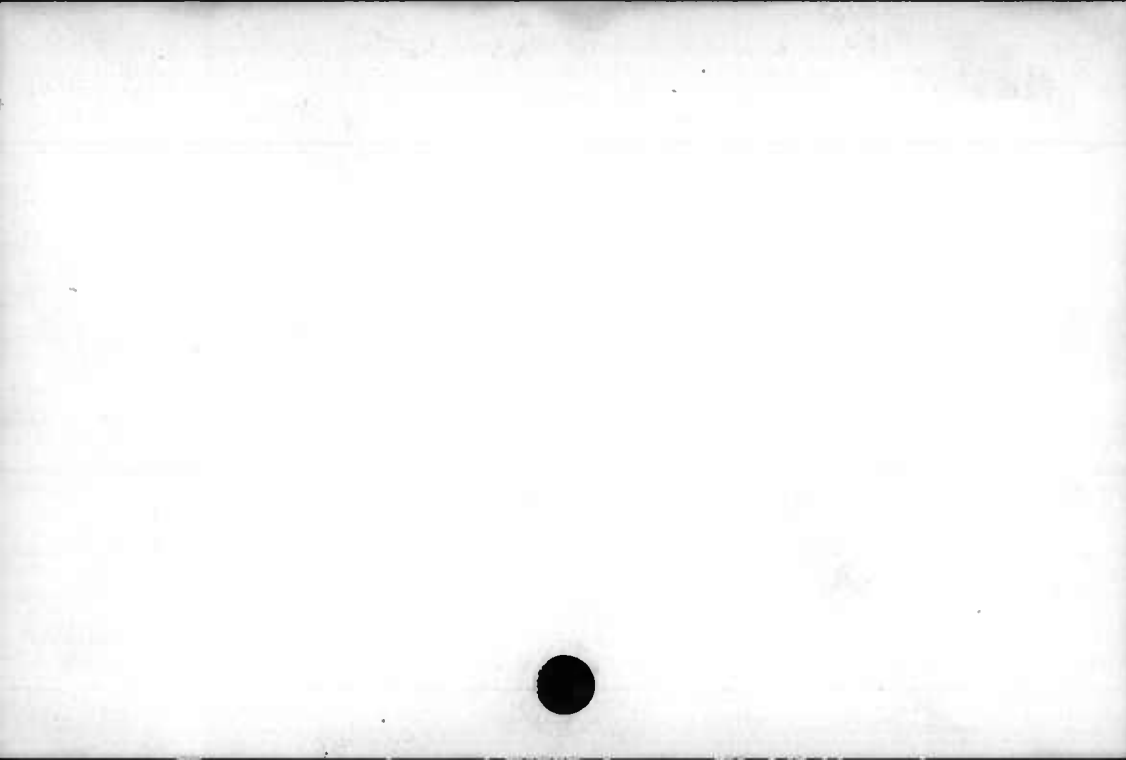
MARYLAND

Died at <i>Chester Town</i>		County <i>Kent.</i>			
Date of death 190 <i>3</i>	Month <i>August</i>	Day <i>8</i>	Age <i>6</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Mar. Est.</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>None</i>					
Father's Name <i>William E Patrick</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Janet S. Votts</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William E Patrick</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident, abs. in abdomen.</i>	How long	<i>166</i>
Immediate	<i>Gluten</i>	How long	<i>7 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. G. Ireland M.D.</i>	
<i>yes.</i>		Address <i>Chester Town Md.</i>	
Accident or Suicide?			



mae Town *Salina* County *Kent* MARYLAND

Died at *1903* Month *Aug* Day *3* Y M D Native of *Kent* Occupation

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

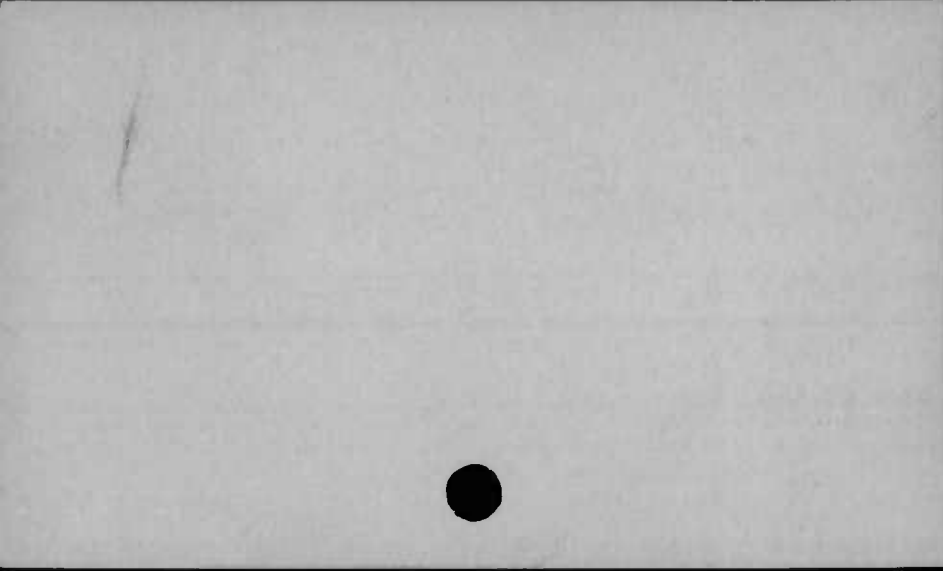
Husband of
Wife of

Father's Name *Harvard Reese* Mother's Name *Annis Clayton*

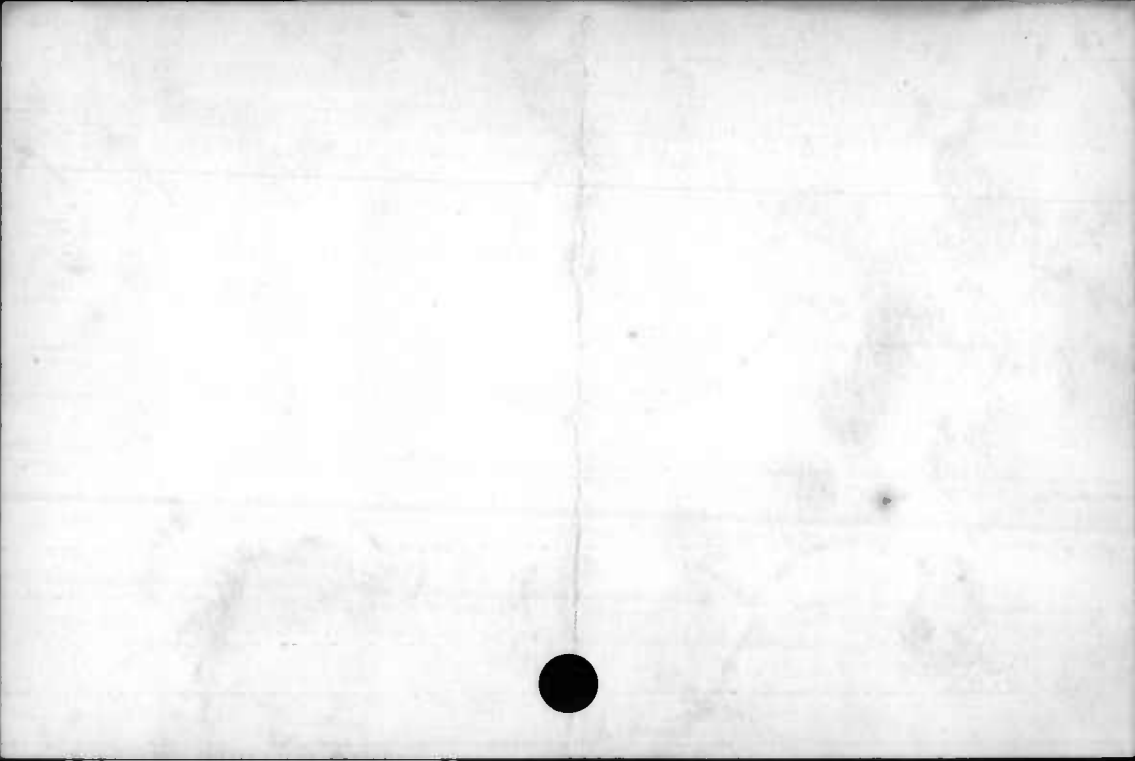
Cause of Death { Primary *Infant Still Born* How long sick
Immediate *D* Accident, Suicide, Homicide

Reported by *E. A. Scott M.D.*

Address *Salina* *Kent.*



Name in Full		Blara Sewell				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
		Date of death 1903		Month	Day	Age	Years	Months	Days	
		Sex		Color or Race		Birth-place				
		Married, Single or Widowed		Occupation						
		Name of Wife or Husband								
		Father's Name				Father's Birthplace				
		Mother's Maiden Name				Mother's Birthplace				
		Name of person giving information				How related to deceased				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
		Address								
		Accident or Suicide?								



Name in Full		Infant.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>near Kennedyville</i>		County <i>Kent</i>		MARYLAND
	Date of death 1903		Month <i>Aug</i>	Day <i>21</i>	Age <i>15</i> ^{Years} <i>hours</i>	Months <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>near Kennedyville</i>		
	Married, Single or Widowed <i>—</i>				Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>James Taylor</i>				Father's Birthplace <i>Kent Co Md</i>		
	Mother's Maiden Name <i>Martha Mickerson</i>				Mother's Birthplace <i>Kent Co Md.</i>		
Name of person giving information <i>James Taylor</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Premature birth</i>		How long <i>15</i>		How long <i>12 hours</i>
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>G. L. Barrick M.D.</i>		
					Address <i>Kennedyville Md.</i>		
	Accident or Suicide?		<i>—</i>				

Solana

Name
in
Full

CERTIFICATE OF DEATH

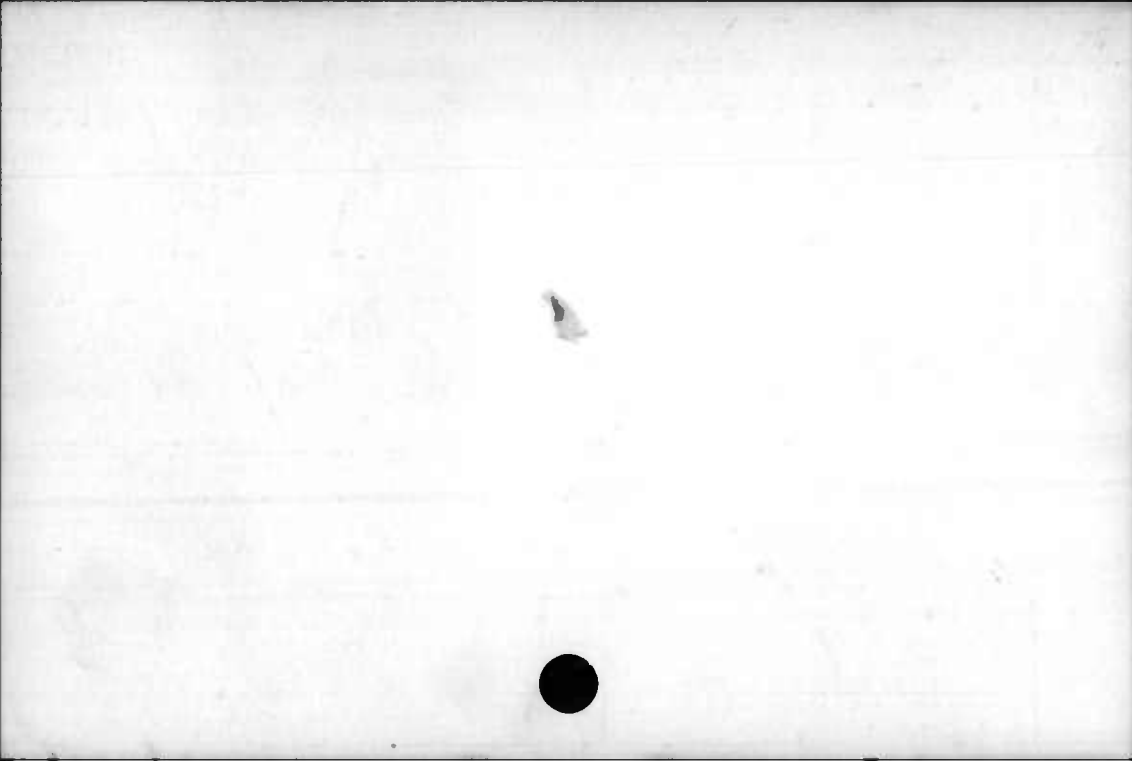
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND		
Date of death	<i>1903</i> ^{Year}	<i>Aug</i> ^{Month}	<i>31</i> ^{Day}	Age <i>—</i> ^{Years}	<i>1</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Chestertown</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>James Thompson</i>			Father's Birthplace <i>Chestertown</i>			
Mother's Maiden Name <i>Mary Hamilton</i>			Mother's Birthplace <i>Kent Co</i>			
Name of person giving information <i>Mary Thompson</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>all life</i>
Immediate <i>Malnutrition</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No.</i>	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		County		MARYLAND	
	Town		Kent			
	Date of death 1903	Month	Day	Age	Years	
	3	Aug	7			
	Months	Days				
	Sex	male	Color or Race	White	Birth-place	
	Married, Single or Widowed		Occupation		md	
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Charles Trott			md			
Mother's Maiden Name			Mother's Birthplace			
Lillian Jue			md			
Name of person giving information			How related to deceased			
Chas Trott			father			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary			How long		
	Heart disease			8 days		
	Exhaustion					
	Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
			H. R. Mennick			
			Address			
			Still Pond Md.			
Accident or Suicide?						

Still Pond.

Name
in
Full

Nominata Shipton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i> ^{Town}		<i>Prut</i> ^{County}		MARYLAND	
Date of death 1903 Aug.	Month	Day 15	Age 1	Months 6	Days 12
Sex <i>Female</i>	Color or Race <i>Brown</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Alfred Shipton</i>			Father's Birthplace <i>Ma.</i>		
Mother's Maiden Name <i>Lorah Thomas</i>			Mother's Birthplace <i>Ma.</i>		
Name of person giving information <i>Thomas Shipton</i>			How related to deceased <i>Gr's father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Concussion of brain</i>	How long
Immediate <i>Paralysis</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Norton Kelley</i>
	Address <i>Hamden, Md.</i>
Accident or Suicide?	

Norgneek.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neapure.</i>		County <i>West.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>4</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Neapure.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Alfred Shipt-</i>			Father's Birthplace <i>N.C.</i>		
Mother's Maiden Name <i>Sarah Thomas</i>			Mother's Birthplace <i>N.C.</i>		
Name of person giving information <i>Thomas Shipt-</i>			How related to deceased <i>Gr's father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stomach</i>	How long	<i>—</i>
Immediate	<i>Stomach</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. H. W. Kelley</i>
		Address	<i>Kennedyville</i>
Accident or Suicide?			

Morgan Neck

Name
in
Full

Catherine D. Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Coleman</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>17</i>	Age <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Wilmer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Emma Brooks</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>John Brooks</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>71</i>	How long
Immediate <i>Convulsions.</i>		How long <i>one day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. S. Maxwell.</i>	
	Address <i>Silt Pond, Md.</i>	
Accident or Suicide?		

Coleman

Name
in
Full

CERTIFICATE OF DEATH

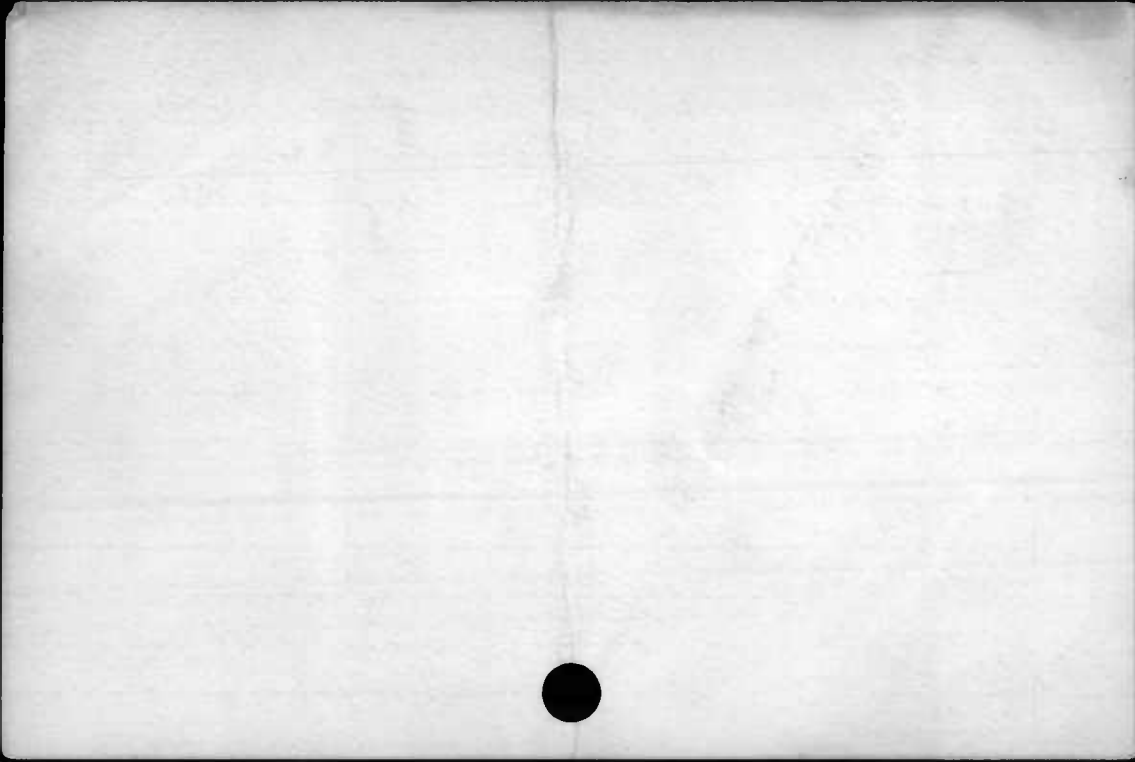
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterville</i>		Town		<i>Keet</i>		County	
Date of death 190 <i>3</i>		Month <i>Aug</i>		Day <i>28</i>		Age <i>72</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Keet Co. Md</i>		Months	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housework</i>		Years		Days	
Name of husband <i>Harry Wilson</i>		Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		Name of person giving information <i>James Johnson</i>		How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>120</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Fournier M.D.</i>
	Address <i>Millington Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Thomas Woollyhand

Died at *Rock Hall* TownCounty *Kent.*

MARYLAND

Date

of death 1903

Month

Aug

Day

25

Years

Age *62*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*Widower*

Occupation

*Laborer*Name of Wife or
Husband*Martha A. Apely*Father's
Name*James D. Woollyhand*Father's
Birthplace*Maryland*Mother's
Maiden Name*Sarah Ann Crouch*Mother's
Birthplace*Maryland*Name of person giving
information*John H. Kelly*How related
to deceased*Son in law*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Six months

Immediate

inaction

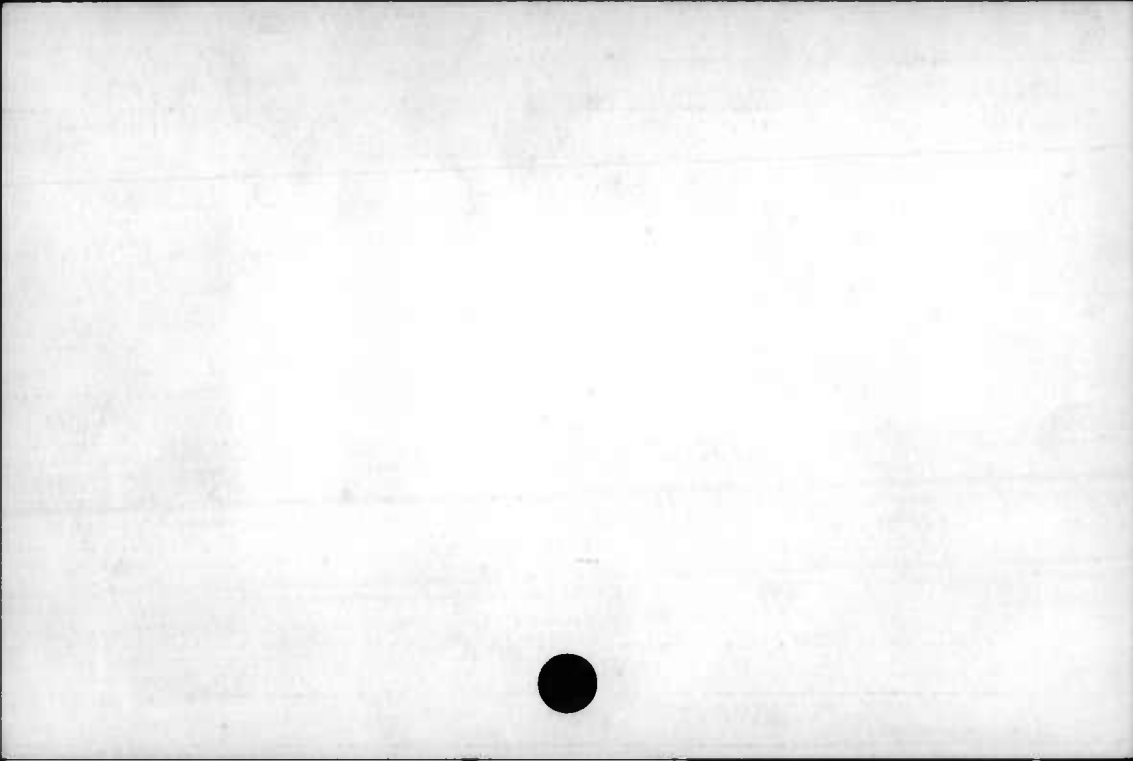
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J B Willson*

Address

*Edesville Kent Co
Maryland*

Accident or Suicide?



Name in Full		Sadie Wright				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Coleman		County Kent		MARYLAND
	Date of death 1903		Month Aug	Day 18	Age 28	Months —	
	Sex female		Color or Race Black		Birth-place Md		
	Married, Single or Widowed married		Occupation Cook				
	Name of Wife or Husband Harry Wright						
	Father's Name James Holly				Father's Birthplace Md		
	Mother's Maiden Name Ida Caulk				Mother's Birthplace Md		
Name of person giving information Isaac Holly				How related to deceased Cousin			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Apertion				How long		
	Immediate Tuberculosis				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician H. R. Maxwell		
					Address My name of Coroner Steele Pond Md		
Accident or Suicide?							

Coleman